

FILED JAN 29 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2009

BIRTH NO. _____		REG. DIST. NO. 264		PRIMARY REG. DIST. NO. 5891		Registrar's No. 3	
1. PLACE OF DEATH a. COUNTY Ozark				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Ozark			
b. CITY (If outside corporate limits, write RURAL and give township) c. LENGTH OF STAY (in this place) Hardenville - Rural - Bridgetown 24 yrs				c. CITY (If outside corporate limits, write RURAL and give township) Rural - Bridgetown 24 yrs			
d. FULL NAME OF HOSPITAL OR INSTITUTION Hardenville Mo. Ozark Bridge				d. STREET ADDRESS (If rural, give location) Bridgetown - Ozark Co - Mo			
3. NAME OF DECEASED (Type or Print)		a. (First)		b. (Middle)		c. (Last)	
PURL		BLACKWELL		WHILLOCK		4. DATE OF DEATH (Month) (Day) (Year) 1 - 18 - 1951	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov - 4 - 1878	9. AGE (In years last birthday) 72	10. MONTHS 2	11. DAYS 14	12. HOURS Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) State of Kentucky		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Thomas Whillock		13b. MOTHER'S MAIDEN NAME Elizabeth Hale		14. NAME OF HUSBAND OR WIFE Jimmie Ann Whillock			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Jimmie Ann Whillock			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) 42.51 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 4 hrs 6 yrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 1941, to 1-18, 1951, that I last saw the deceased alive on 1-17, 1951, and that death occurred at 2 A. m., from the causes and on the date stated above.							
23a. SIGNATURE M. J. Hoerman				23b. ADDRESS 50 Gainesville, Mo.		23c. DATE SIGNED 1-21-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/21/51		24c. NAME OF CEMETERY OR CREMATORY Lily Ridge Cemetery		24d. LOCATION (City, town, or county) (State) Near Hardenville, Ozark Co. Mo	
DATE REC'D BY LOCAL REG. 1-21-51		REGISTRAR'S SIGNATURE William Cogswell		FUNERAL DIRECTOR'S SIGNATURE Blinkingbeard Funeral Home		ADDRESS Gainesville Missouri	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DIVISION OF HEALTH OF MD.
District No. 5 - 221

RECEIVED JAN 25 1951

Dist. File 151-221

Date Filed 1-25-51

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 3044

P. O. Address Freemansville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.